

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 582689</b><br>1. Entity Name<br>SAFETY SYSTEMS, INC. |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                     |                                                            |
|---------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>8838 CR 137<br>WELLBORN, FL 32094 US | Mailing Address<br>P O BOX R<br>WHITE SPRINGS, FL 32096 US |
|---------------------------------------------------------------------|------------------------------------------------------------|



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br>59-1844247                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|                                                                                                          |
|----------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GORE, SUE D.<br>8838 CR 137<br>WELLBORN, FL 32094 |
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                                                     |                                                                                                                        |                                            |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | 1100000428333<br>02/21/06-80044-007 150.00 |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>GORE, SUE D.<br>8838 CR 137, P. O. BOX 155<br>WELLBORN, FL 32094       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GORE, RONALD G.<br>8838 CR 137, P. O. BOX 155<br>WELLBORN, FL 32094    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WALTERS, WILLIAM F.<br>8838 CR 137, P. O. BOX 820<br>WELLBORN, FL 32094 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: Sue D. Gore 1/25/06 386-963-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #